

MINE - 3176-77 POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT		I. IDENTIFICATION 01 STATE 02 SITE NUMBER ILL 980899157	
II. SITE NAME AND LOCATION			
01 SITE NAME (Legal, common, or descriptive name of site) SATOMINE #5		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 3.5 MILES WEST OF VERGENNES	
03 CITY ORAVILLE		04 STATE IL	05 ZIP CODE 62991
06 COUNTY JACKSON		07 COUNTY CODE 077	08 CONG DIST 24
09 COORDINATES LATITUDE 37 55 30.0		LONGITUDE 089 22 30.0	
		AVA-265-A	
10 DIRECTIONS TO SITE (Starting from nearest public road) SEE ATTACHMENT'S ON THE BACK			
III. RESPONSIBLE PARTIES			
01 OWNER (If known) SOUTHERN IL MINERAL CORP.		02 STREET (Business, mailing, residential) P.O. BOX 3281	
03 CITY CARBONDALE		04 STATE IL	05 ZIP CODE 62901
07 OPERATOR (If known and different from owner)		06 TELEPHONE NUMBER 618-549-8369	
08 STREET (Business, mailing, residential)			
09 CITY		10 STATE	11 ZIP CODE
		12 TELEPHONE NUMBER ()	
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN			
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: ____/____/____ <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: ____/____/____ <input checked="" type="checkbox"/> C. NONE			
IV. CHARACTERIZATION OF POTENTIAL HAZARD			
01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE 05/14/77 <input type="checkbox"/> NO MONTH DAY YEAR 05-07-82		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____	
02 SITE STATUS (Check one) <input type="checkbox"/> A. ACTIVE <input checked="" type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION 1977 1978 BEGINNING YEAR ENDING YEAR <input type="checkbox"/> UNKNOWN	
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED NONE			
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION NONE			
V. PRIORITY ASSESSMENT			
01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input checked="" type="checkbox"/> D. NONE (No further action needed, complete current disposition form)			
VI. INFORMATION AVAILABLE FROM			
01 CONTACT JAMES L. BURKS		02 OF (Agency/Organization) PRESIDENT	
04 PERSON RESPONSIBLE FOR ASSESSMENT LARRY WINNER		05 AGENCY IEPA	06 ORGANIZATION HSPS
		07 TELEPHONE NUMBER 217-782-9848	08 DATE 11/16/84 MONTH DAY YEAR

EPA FORM 2070-12 (7-81)

EPA Region 5 Records Ctr.



355848

MF20670
A0465
C. Cantel
7/13/87



<p>01 PHYSICAL STATES <i>Check all that apply:</i></p> <p><input checked="" type="checkbox"/> SOLID <input checked="" type="checkbox"/> POWDER/FINES <input type="checkbox"/> C SLUDGE</p> <p><input type="checkbox"/> D OTHER <i>Specify:</i></p> <p><input type="checkbox"/> E SLURRY <input type="checkbox"/> F LIQUID <input type="checkbox"/> G GAS</p>	<p>02 WASTE QUANTITY AT SITE</p> <p><i>Measures of waste quantities must be independent:</i></p> <p>TONS</p> <p>CUBIC YARDS UNKNOWN</p> <p>NO. OF DRUMS</p>	<p>03 WASTE CHARACTERISTICS <i>Check all that apply:</i></p> <table border="0"> <tr> <td><input type="checkbox"/> A TOXIC</td> <td><input type="checkbox"/> E SOLUBLE</td> <td><input type="checkbox"/> I HIGHLY VOLATILE</td> </tr> <tr> <td><input type="checkbox"/> B CORROSIVE</td> <td><input type="checkbox"/> F INFECTIOUS</td> <td><input type="checkbox"/> J EXPLOSIVE</td> </tr> <tr> <td><input type="checkbox"/> C RADIOACTIVE</td> <td><input type="checkbox"/> G FLAMMABLE</td> <td><input type="checkbox"/> K REACTIVE</td> </tr> <tr> <td><input type="checkbox"/> D PERSISTENT</td> <td><input type="checkbox"/> H IGNITABLE</td> <td><input type="checkbox"/> L INCOMPATIBLE</td> </tr> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/> M NOT APPLICABLE</td> </tr> </table>	<input type="checkbox"/> A TOXIC	<input type="checkbox"/> E SOLUBLE	<input type="checkbox"/> I HIGHLY VOLATILE	<input type="checkbox"/> B CORROSIVE	<input type="checkbox"/> F INFECTIOUS	<input type="checkbox"/> J EXPLOSIVE	<input type="checkbox"/> C RADIOACTIVE	<input type="checkbox"/> G FLAMMABLE	<input type="checkbox"/> K REACTIVE	<input type="checkbox"/> D PERSISTENT	<input type="checkbox"/> H IGNITABLE	<input type="checkbox"/> L INCOMPATIBLE			<input checked="" type="checkbox"/> M NOT APPLICABLE
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		<input checked="" type="checkbox"/> M NOT APPLICABLE															

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE			
OLW	OILY WASTE			
SOL	SOLVENTS			
PSD	PESTICIDES			
OCC	OTHER ORGANIC CHEMICALS	UNKNOWN		
IOC	INORGANIC CHEMICALS			
ACD	ACIDS			
BAS	BASES			
MES	HEAVY METALS			

[illegible]

CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER
FDS			FDS		
FDS			FDS		
FDS			FDS		
FDS			FDS		

IEPA - MINE FILES



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
ILD 980899157

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

01 ☐ B. SURFACE WATER CONTAMINATION 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

01 ☐ C. CONTAMINATION OF AIR 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

01 ☐ E. DIRECT CONTACT 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

01 ☐ F. CONTAMINATION OF SOIL 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 AREA POTENTIALLY AFFECTED _____ (Acres) 04 NARRATIVE DESCRIPTION

01 ☐ G. DRINKING WATER CONTAMINATION 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

01 ☐ H. WORKER EXPOSURE/INJURY 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 WORKERS POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

01 ☐ I. POPULATION EXPOSURE/INJURY 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

ILD 980899157

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (include name(s) of species)

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills runoff standing liquids leaking drums)
03 POPULATION POTENTIALLY AFFECTED _____

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: _____

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

IEPA MINE FILES

EXECUTIVE SUMMARY

Southern Illinois Minerals Corporation-SATO Mine #5, 3.5 miles west of Vegennes, Illinois, Oraville, Illinois 62971, Jackson County, Lat. 37°-55'-30", Long. 089°-22'-30", AVA-265-A. Mailing address Post Office Box 3281, Carbondale, Illinois 62901 (618) 549-8369. Person to contact: Mr. James L. Burks, President. SATO Mine #5 was a surface mine approximately 30 acres with no preparation plant or cleaning of the product at the mine's site. There are two strip pits that are acting as sedimentation ponds with a pH (east-pit) of 2.9 and (west-pit) of pH 3.3.

This mine ceased production in 1978 and was abandoned with no reclamation work conducted. Southern Illinois Mineral Corp. had declared bankruptcy.

On February 3, 1981, the Illinois Department of Mines and Minerals pulled the bond and began reclamation. The site was graded then limed and seeded. the impoundments were treated to improve the pH.

The last inspection on this site was April 7, 1982. The east-pit's pH was 5.6 and west-pit's pH was 5.5.

The east-pit discharges to the west-pit which discharges to an unnamed tributary of Beaucoup Creek.

There is no evidence of hazardous waste disposal at this site and this Agency recommends a none priority inspection for this site.

LW:jk/sp/2546d,10

3176-17

MURPHYSBORO
1159 14 SE



ROAD CLASSIFICATION

Heavy duty ——— Light duty ———

Medium duty - - - Unimproved dirt - - -

○ State Route

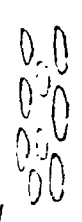


10 FEET

C R O I

RUE

OFFICE
AREA



AMBER
COLORED
POOL

②

CROPLAND

HOG
OPERATION

Flooded Pit

①

Flooded Pit

SEDIMENT
POOL

③

SCALE: NONE



JACKSON COUNTY

SATO MINE "S"

SOUTHERN ILLINOIS MINERALS CORPORATION

DRAWN BY: WILLIAM C. RYAN

3/11/80